



EFFECTIVENESS OF RECREATIONAL THERAPY ON LEVEL ANXIETY AMONG PRE-OPERATIVE PATIENT AT NLC GH NEYVELI

Arivuselvi K. ¹ M.Sc (N), | Suganthra Devi S. ² M.Sc (N), Ph.D

¹ Assistant Professor, Department of Mental Health Nursing Community, O. P. R. Memorial College of Paramedical Science, Vadalur.

² Principal & HOD, Department of Community, O. P. R. Memorial College of Paramedical Science, Vadalur.

ABSTRACT

Anxiety is a normal, emotional, reasonable, expected response to real or potential danger. However if the symptoms of anxiety are prolonged, irrational, disproportionate and or severe occur in the absence of stressful events or stimuli or interfere with everyday activities, then these are called anxiety disorder. Anxiety is one of the most common psychological disorders among pre-operative patient. Recreational therapy is one of the best therapies to accomplish pre-operative wellness among patient. Recreation is a form of activity therapy used in most psychiatric settings. It is a planned therapeutic activity that enables people with limitations to engage in recreational experience. Hospitalization and surgery are critical negative life events that lead to the experience of considerable anxiety in patient may perceive the day of surgery as the biggest and the most threatening day in their lives. **Objectives:** 1. To assess the level of anxiety among pre-operative patients. 2. To assess the effectiveness of recreational therapy. 3. To associate the level of anxiety among pre-operative patient with the selected demographic variables **Methodology:** Experimental research design pre test & post test was used to collect data among 50 samples by using convenient sampling technique after obtaining informed consent. Structured questionnaire to assess the pre-test level of anxiety among pre-operative patient and post test was conducted by using same tool. **Conclusion:** A pretest and post test was conducted to assess the level of anxiety using a structured questionnaire and anxiety screening questionnaire The study subject 66% (33) of pre-operative patients was having a mild anxiety level on recreational therapy. And 34% (17) of pre-operative patients were having a moderate anxiety level on recreational therapy.

KEYWORDS: anxiety recreational therapy.

INTRODUCTION:

*"Anxiety happens when you
Think you have to figure out
Everything all at once
Breathe you strong
You got this take it day by day"*

~ Karen salmansohn

The Anxiety is a negative emotional state characterized by nervousness, worry and apprehension. Hospitalization and surgery are critical negative life events that lead to the experience of considerable anxiety in patient may perceive the day of surgery as the biggest and the most threatening day in their lives. The recreational therapy includes role play drama, craft, games, music to reduce the level of anxiety among pre-operative patients.

Recreational therapy can provide a release from stress and tension for individual of all ages. Therapy is essential for the sick patient as for the health one, the sick patient need therapy to feel lonely hours and for expressing feeling and aggression through it to reduce trauma case by hospitalization.

Recreational therapy is defined as a treatment service designed the restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participations in life situations cost by an illness or disabling condition.

Pre – operative care given before surgery when physical and psychological preparations are made for the operation, according to the individual needs of the patient the pre – operative period runs from the time the patient is admitted to the hospital or surgery center to the time that surgery begins pre – operative anxiety was found to be associated to with multiple psychological and physiological adverse effects.

NEED FOR THE STUDY:

Anxiety is a negative emotional state characterized by nervousness, worry and apprehension. It is associated with autonomous aroused or activation of the body to understand the performance of the anxiety it is better to understand such categories of anxiety which include cognitive anxiety and somatic anxiety.

Cognitive anxiety is directly related to thought process and somatic anxiety is physical components these two encompasses the mental and physical sides of anxiety, in addition to cognitive and somatic anxiety. It is important to understand the meaning between state and trait anxiety.

State anxiety fluctuates and is continuously changing throughout experience and

present at any given time whereas trait anxiety is more individualized and reflects one's personality consistencies.

Hospitalization and surgery are critical negative life events that lead to the experience of considerable anxiety in patient may perceive the day of surgery as the biggest and the most threatening day in their lives.

OPERATIONAL DEFINITION:

Assess: refers to identify the level of anxiety among pre-operative patients using a recreational therapy.

Effectiveness: refers to the recreational therapy which has achieved the desired result in term of reducing anxiety among pre-operative patients.

Recreational therapy: refers to therapy which entertains the pre-operative patients in order to reduce anxiety.

Anxiety: it is an unpleasant emotional experience that involve feeling of tension apprehension, nervousness and high autonomic activity.

OBJECTIVES:

1. To assess the level of anxiety among pre-operative patients.
2. To assess the effectiveness of recreational therapy.
3. To associate the level of anxiety among pre-operative patient with the selected demographic variables.

HYPOTHESIS:

- **H1:** There will be significant difference in the level of anxiety among pre – operative patients.
- **H2:** There will be significant between the levels of anxiety among pre – operative patient with selected demographic variables

METHODOLOGY:

Experimental design was adopted for this study

Population: The population for the present study comprised of Pre – Operative Patients at selected hospital.

Sample 50 Pre – Operative Patients at selected hospital was drawn using Convenient sampling technique

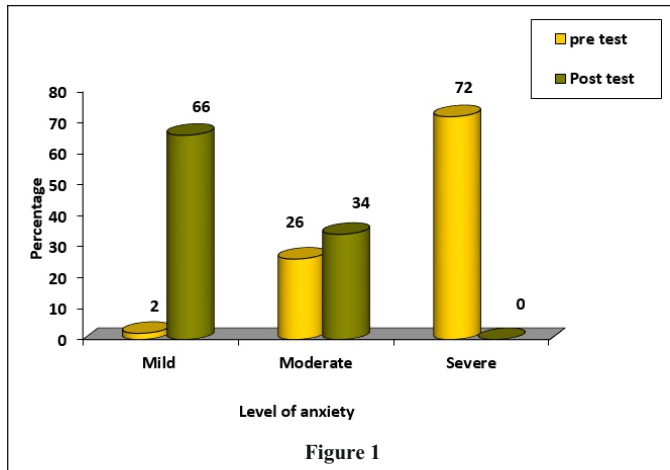
Description of tool:

Tool consist of two section,

- **Section A:** To assess the demographic variables

- **Section B:** To assess the anxiety screening questionnaire.

RESULT AND DISCUSSION:



The above figure shows that in the pre-test out of 50 samples 2% had mild anxiety, 26% had a moderate anxiety and 72% had severe anxiety level. In the post test out of 50 samples 66% had mild anxiety, 34% had a moderate anxiety and none of them had a severe anxiety.

Table 1: Paired “t”-test was found to evaluate the effectiveness of recreational therapy on level of anxiety among pre-operative patient at NLC GH Neyveli.

Overall	Pre test		Post test		Mean difference	‘t’-value	P-value
	Mean	SD	Mean	SD			
Level of anxiety	16	2.47	7.62	2.50	8.38	31.11	P<0.001***

*-P<0.05, significant and **-P<0.01 & ***-P<0.001, highly significant

Table-1 shows the Mean level of anxiety in the pre-test and post test. The mean score were found as 16 and 7.62 for the pre-test and post test. Thus, the difference in the level of anxiety was confirmed by the paired “t” value 31.11 which was significant at P<0.001. it indicates that the recreational therapy was found to effective in reducing the level of anxiety.

Table 2: Association between level of anxiety in Post test and selected demographic data.

S. No	Demographic variables	Mild		Moderate		Severe		χ^2	p-value
		f	%	f	%	f	%		
1	Age (in years):							1.34 (df=2)	0.511 NS
	20-30 years	5	10	4	8	-	-		
	30-40 years	8	16	2	4	-	-		
	Above 40 years	20	40	11	22	-	-		
2	Gender:							0.01 (df=1)	0.903 NS
	Male	20	40	10	20	-	-		
	Female	13	26	7	14	-	-		
3	Educational status:							0.09 (df=6)	0.992 NS
	No formal education	13	26	6	12	-	-		
	Primary school	9	18	5	10	-	-		
	High school	7	14	4	8	-	-		
	Graduate	4	8	2	4	-	-		
4	Marital status:							0.089 (df=1)	P=0.765 NS
	Married	30	60	15	30	-	-		
	Unmarried	3	6	2	4	-	-		
5	Occupation:							0.237 (df=1)	0.626 NS
	Employed	19	38	11	22	-	-		
	Unemployed	14	28	6	12	-	-		
6	Religion:							0.69 (df=2)	0.707 NS
	Hindu	24	48	14	28	-	-		
	Christian	7	14	2	4	-	-		
	Muslim	2	4	1	2	-	-		
	Others	0	0	0	0	-	-		
7	Type of surgery:							0	1 NS
	Minor surgery	33	66	17	34	-	-		
	Major surgery	0	0	0	0	-	-		
8	Period of stay:							0	1 NS
	Day care	0	0	0	0	-	-		
	<1 week	33	66	17	34	-	-		
	>1 week	0	0	0	0	-	-		

S. No	Demographic variables	Mild		Moderate		Severe		χ^2	p-value
		f	%	f	%	f	%		
9	Sleeping pattern:							1.57 (df=1)	0.210 NS
	Disturbed	24	48	15	30	-	-		
	Normal	9	18	2	4	-	-		
10	Source of information:							2.94 (df=3)	2.94 (df=3)
	Mass media	12	24	3	6	-	-		
	Friends peer/group	11	22	7	14	-	-		
	Family members	9	18	5	10	-	-		
	Health professional	1	2	2	4	-	-		

*-P<0.05, significant and **-P<0.01 & ***-P<0.001, highly significant

Table 2 shows the association between the demographic variables and post test level of anxiety. The chi- square value obtained for demographic variables like age, gender, educational status, marital status, occupation, and religion, type of surgery, period of stay, sleeping pattern, and source of information was also statistically highly significant.

CONCLUSION:

The following conclusion was drawn from the findings of the study. A total of 50 samples were selected for the study by using convenient sampling method. Written consent from all the samples was obtained. A pretest and post test was conducted to assess the level of anxiety using a structured questionnaire and anxiety screening questionnaire. The study subject 66% (33) of pre-operative patients was having a mild anxiety level on recreational therapy. And 34% (17) of pre-operative patients were having a moderate anxiety level on recreational therapy.

REFERENCES:

- Ahiya, N. (2004). A short text book of Psychiatry. 5th ed, Medical publisher (P) Ltd.Pp:34-38.
- Ahuja, R. (2009) “Research Methods” first edition published by Prem Raw at publication, Jawahar Nagar Jaipur Pp-120.
- American Psychiatric Association. (2004). Diagnostic & Statistical manual of mental disorders. 4th ed, Washington: American Psychiatric Association.Pp-79-86.
- Basvanthappa B.T (2004) “Nursing Research” first edition, Jaypee publication, Calcutta Pp93- 139.
- Bhatia, L.T.(2004). Essential of psychiatry. 4th ed, New Delhi: CBS publishers and Distributors. Pp: 8.1-8.5.
- Maguire P, Faulkner A, regnard C-Managing the anxious patient with advancing disease a flow diagram palliate Med.
- Moffic HS, Paykel ES-depression in medical- in- patients. Br.J.psychiatry, 1975; 126; 346-353.
- Maranets I, Kain ZN-Preoperative anxiety and intra operative anesthetic requirements Anesth Analog, 1999; 89; 1346-1351.
- Clarke DM, Minas IH, Stuart GW- the Prevalence of Psychiatric Morbidity in general hospital in patients. AustN2J Psychiatry, 1991; 25:322-329.
- Muszbek, k, Szekealy.a, Balogh Emet al- Validation anxiety and depression scale. Qual life Res, 2006; 15; 761-766.